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MULTIPLE DEPENDENT CLAIM

SERIAL NO.

APPLICANT(S)

FILING DATE

FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. DEP. IND. IND. DEP. IND. DEP. IND. TOTAL TOTAL IND. TOTAL TOTAL DEP. TOTAL

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)